



EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)/CHILD READY MONTANA

Advisory Committee

DECEMBER 12, 2013 MEETING MINUTES

10:00 AM - 12:00 PM

MEETING INFORMATION:

In person: Mansfield Center, St. Vincent Healthcare -Billings

Video Conference Info: 1400 Broadway, Room C209, Helena

Conference Call - correct call information sent out prior to meeting

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Guiding and providing oversight to the EMS & Trauma Section to improve outcomes in the critically ill and injured child by enhancing pediatric emergency care capabilities and promoting pediatric illness/injury prevention initiatives within our state. Committee composed of representatives from professional health care organizations, child advocate organizations, community service agencies and others vested in the care of children.

CHILD READY MT - STATE PARTNERSHIP OF REGIONALIZED OF CARE (SPROC)

The intent of the program is to develop an accountable, culturally competent, and assessable emergent care system for pediatric patients across Montana, which will result in providing the right care, at the right time, in the right place.

INTRODUCTIONS- verbal roll call of members

Helena: Gail Hatch, EMS&T Data Analyst; Bobbi Perkins, Injury Prevention Coordinator; Shari Graham, Paramedic and EMS Systems Manager; Robin Vanhemelryck, FAN Chair; Dayle Perrin-Hospital Preparedness Manager.

Bozeman: Erin Bulls, EPI contractor, MSU Professor

Billings: Jim DeTienne, EMS&Trauma Section Supervisor and Project Director; Robin Suzor, EMS For Children Program Manager; Kassie RunsAbove, Child Ready MT Program Manager; Joe Hansen, EMSC FAN; Andrew Goss, Billings Clinic Injury Prevention Coordinator; Alyssa Sexton, RN, EMS&T Trauma Systems Manager; Carol Kussman, RN, EMS&T Trauma Coordinator; Kristy Conroy, St. Vincent's AED Grant Coordinator and Child Ready Assistant; Parents Let's Unite for Kids (PLUK) representatives (2); Carol Beam, St. Vincent Healthcare; Lorna Dyke, St. Vincent Healthcare; Stacey Stellflug, MSU Billings

Absent: Lori Rowe, MT DPHHS FICMR Coordinator; Jamey Petersen, Community-Based Child Abuse Prevention (CBCAP) Program Coordinator; Kimberly Hardwick, RN Children's Special Health Care Needs Representative; Kurt Sager, Highway Patrol Representative; Karl Rosston, MT DPHHS Suicide Prevention Coordinator; Jeannie Penner, School Nurses' Association; Doris Barta, ST. Vincent's Telehealth Coordinator; Chuck Bratsky, RN, Trauma Educator; Harry Sibold, MD, FACEP, State EMS Medical Director;

The overall goal of the **EMS for Children State Partnership** program is to institutionalize pediatric emergency care within the larger EMS System. This will be accomplished through implementation of performance measure standards that assure the following are achieved:

- Nationally-recommended pediatric equipment are readily available in ambulances;
- Prehospital providers receive pediatric-focuses training regularly and frequently to assure they are prepared to manage pediatric medical and traumatic emergencies;
- Prehospital providers have access to pediatric medical direction whenever needed to assure the right care at the right time;
- Hospitals are equipped to medically-manage pediatric medical and traumatic emergencies;
- healthcare facilities have well-defined guidelines and clearly understood processes that assure the immediate transfer of children to the most appropriate facility when medically-necessary; and
- That emergency medical service for children priorities are institutionalized with the State EMS System.
- An additional goal is to ensure that family-centered/patient-centered care is part of both prehospital and hospital phases of care for all children.

The overall goal of the **Child Ready MT** is to implement a replicable regionalized system of healthcare for Montana children. Specific objectives include:

- Establishing and solidifying structure for program execution.
- Examining capabilities of each component of the healthcare system to optimize the sharing of resources.
- Developing and implementing processes to manage and treat acutely ill and severely injured children.
- Developing and implementing processes to provide pediatric specialty services for children requiring access to a higher level of service while providing clinical support and expertise that may facilitate keeping the child in the home community when the child's condition allows; and
- Facilitating access to and retrieval of clinical data to ensure safe, timelier, efficient, effective, and equitable and patient-centered care.

SPROC/CHILD READY Grant Objectives overview -Kassie RunsAbove reviewed the objectives

Assessment progress Hospitals Report- Child Ready Team not able to travel to Eastern MT sites in December due to weather and roads; contact was made via telehealth.

Discussion of Arizona Model-Lorna -short synopsis of the AZ model and how many of the components would not work for MT.

What will work in Montana? Joe Hansen, EMSC FAN suggested we look at what will work and use that as a template for future work.

DATA Discussion-

Reviewed data reports: Utilize the Peds Ready Assessment to identify common equipment voids in MT hospitals-may be opportunity for the establishment of collaborative purchasing agreements for equipment procurement which may lead to quantity discounts and lower costs.

- ✓ Barriers (cost of training, unawareness of national guidelines, lack of educational resources, etc.)
- ✓ Monitoring equipment (lacking most often-neonatal blood pressure cuff and continuous end-tidal CO2 monitoring device)
- ✓ Air Equipment (laryngeal mask airways sizes 1, 2.5, 3.0; partial non-breather masks child sized; tracheostomy tubes size 3.0 mm, etc.)

Advisory Committee continued discussion on having a central inventory of equipment to give to prehospital services and EDs-look at possibility of distributing one or two items instead of having to purchase a whole case. Need to look at possible concerns and benefits such as: having one facility distribute to another facility-may be problematic. Having a centralized inventory may control the problem. A centralized inventory will move toward the aim of state of the art systems development approaches, and the integration of a pediatric focus within state EMS systems. Pediatric equipment will help ensure the reduction of pediatric mortality and morbidity in Montana if Prehospital services and EDs have access to all equipment to ensure pediatric readiness.

EMSC State Partnership Performance Report overview 03/01/2013 through 2/28/2014 due Dec 13th

Broselow Tapes-new version and training- Advisory committee suggested that free training and tapes are available to hospital ED staff as well as Prehospital services. This change in policy and practice will help to ensure optimizing of sharing of resources,

EMSC PREHOSPITAL SURVEY- as of 12/12/13 was at 63.7% working on getting the response rate to at least 80%. Will use data to report on equipment needs and training from prehospital services similar to Hospital Assessment-Peds Ready, survey closes January 8th, 2014. Program will be able to utilize data similar to Hospital Peds Ready Assessment to determine voids and medical direction utilization.

Interfacility Transfer Guidelines- reported that hard copies of guidelines were sent to all Montana hospitals in October 2013, also located on the EMSC web page. Guidelines included a template checklist. Hard copies were available for Advisory members at the meeting.

Strategic Plans- March 2014 EMSC/Child Ready MT will be a longer meeting to enable committee to help plan and focus the work of the SPROC. We are behind other states in their projects.

Other Business-

- ✓ Telehealth participants could not hear due to inadequate microphones at the in-person meeting at the Mansfield Center. Need to set up meetings for panel discussions not as a single presenter model.
- ✓ Member suggested that we check out **Plain tree model**.
- ✓ Add presentation about family centered care in March. Members were unclear on what family-centered care entails. Joe Hansen, one of the EMSC Family Reps, will present and start discussion at March meeting. Representatives from Parents

Let's United for Kids stated that family support is very important and most of their work is centered on family centered care and support.

- ✓ What is the technology available in MT? Tony, IHS Telehealth Director stated we might want to start with less technology in smaller communities. Can we use smart phones or regular conference calls for pediatric consultations? Is this more practical in smaller community hospitals? Should we utilize a lesser technological method or use carryover funds to purchase telehealth equipment or establish inventory center if approved by HRSA?
- ✓ More training is needed; **Pediatric Advanced Life Support (PALS)** is of interest and pertains to assessment in Emergency Departments (EDs) and prehospital settings. **Emergency Nurses Certification (ENC)** is also a good training curriculum. **Pediatric Emergency Assessment, Recognition and Stabilization (PEARS)** teaches providers how to recognize respiratory distress, shock and cardiac arrest, and provide appropriate lifesaving interventions within the initial minutes of response until the child is transferred to an advanced life support provider. The goal of PEARS is to improve the quality of care provided to seriously ill or injured infants and children, resulting in improved outcomes. Although the audience is more geared toward those who do not regularly treat critically ill or injured children, but students are reported to develop skills in recognizing certain pediatric distress signs and symptoms using several unique visual cues and working at learning stations. Discussion on PEARS- is it limited in use-better suited for medical floor in hospital settings. Classes are shorter in length. **Discuss in greater length at March 2014 meeting.**
- ✓ Need to expand Child Ready Committee members to include the Western and Central services and hospitals. Jim DeTienne stated that EMS prehospital services/providers are missing in the committee and in the hospital mock codes. We need to work on getting a better representation for future endeavors. Per HRSA need to consider inclusion of IHS and Tribal EMS representation in the implementation of the SPROC project via inclusion in the project's Advisory Committee.

NEXT MEETING DATE (March ??-in person meeting in Helena at 1400 Broadway, C209) A four-hour meeting is planned for March 2014. A "survey" will be sent to committee to see consensus on date.